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|---|--|-------------------------|---|--|--|---|
| CURRENT CORRESTONDENCE ADDRESS (Now Use Block 1 for any change of address) 26853 COVINCTION & BURLING LLP 1201 Pennsylvania Avenue, N W. Washington, DC 20004-2401 | | | | Note: A certificate of maining can only be used for domestic mainings of the Feedy Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of maining or transmission. Certificate of Mailing or Transmission I hereby certify that this Feedy Transmission or the property of the prop | | |
| | | | | | | (Date) |
| APPLICATION NO | FILING DATE | FIRST NAMED INVENT | | FOR | ATTORNEY DOCKET N | |
| 10/699,987 | 11/03/2003 | Wing-Kee P. Cho | | | 025444.1059-US02 | 5359 |
| TITLE OF INVENTION: EXTENDED RELEASE ORAL DOSAGE COMPOSITION | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | ATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| Non-Provisional | NO | \$1,510.00 | | 00.00 | \$1,810.00 | 10/09/2009 |
| EXAMINER | | ART UNIT | | SUBCLASS | | |
| H. N. Sheikh 168 1. Change of correspondence address or indication of "Fee | | | 424 or printing on the par | -46200 | | |
| Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Ev 0.90-20 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent 1 Covington & Burling LLP attempts of general Covington & Burling LLP attempts of 2 a registered universe or agents of the names of a registered universe or agent and the names of up to 2 registered patent attempts or agents. If no 3 manner is finace, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or type) PLEASE NOTE: Unless an assigne is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Schering Corporation Kenliworth, New Jersey | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | |
| X Issue Fee A check in the amount of the fee(s) is enclosed. | | | | | | |
| x Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| X Advance Order # of Copies 2 X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0740 | | | | | | |
| 5. Change in Entity Sta | tus (from status indicate | d above) | | | | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | |
| The Director of the USPTO NOTE. The Issue Fee and I interest as shown by the rec | Publication Fee (if require | d) will not be accepted | from anyone other t | e-apply any prev han the applicar | riously paid issue fee to the ap at; a registered attorney or age | plication identified above nt, or the assignee or other party in |
| Authorized Signature | · 1 Jarac | UM.A | WW. | | Date | October 2, 2009 |
| Typed or printed nar | ne V | Natalie M. Der | z 4 | | Registration No. | 48,102 |